



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON D.C. 20460

ML-39057

ORIGINAL

APR 07 2009

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

09 APR -7 11 9:42

RECEIVED

Dear Submitter:

This letter acknowledges receipt of your **Premanufacture Notice (PMN)** form under Section 5(a) of the Toxic Substances Control Act (TSCA) for TS# X517XB. The **ninety (90)-day review period** will begin on 03/30/2009, which is the date of receipt of the submission.

Your submission is complete and has been assigned case number(s): P-09-0291. If your PMN is consolidated, case numbers are assigned to chemicals in the order in which they are listed in the notice. For example, a notice that lists chemical A followed by chemical B, will be assigned P-03-1 for chemical A and P-03-2 for chemical B. All other chemicals listed will proceed in that order. Any further correspondence regarding this notice should reference the case number cited in this letter.

A Notice of Commencement (NOC) form is enclosed for your convenience. This form is required when submitting your NOC.

**All correspondence regarding complete submission should be directed to the New Chemicals Notice Management Branch at (202) 564-8999.** The review period is generally three weeks for a provisional risk management decision from the FOCUS meeting. This decision will be posted at the EPA web site at [www.epa.gov/oppt/newchemicals/dropstat.htm](http://www.epa.gov/oppt/newchemicals/dropstat.htm). Please check this web site for the status of your submission. You will need your assigned case number, no other identifier will be associated with the submission.

Additional forms and Instruction Manual are available from the TSCA Information Service Hotline at (202) 554-1404. Copies may also be obtained thru the above web site.

Enclosure



Records and Dockets Management Branch  
Information Management Division  
Mail Code 7407M

Internet Address (URL) \*<http://www.epa.gov>

Recycled/Recyclable \*Printed with vegetable oil based inks on Recycled Paper (Minimum 30% Postconsumer)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

AL  
P-09-291

ML 39057

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Perm Solari*

- ☐ Agent  
☐ Address

B. Received by (Printed Name)

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D. Is delivery address different from item 1? ☐ Yes  
if YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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(Transfer from service label)

7008 3230 0000 9459 5049

S Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-40

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AL 358

14 APR 2009

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